



BROOKLINE BOARD OF ASSESSORS

333 Washington Street, Brookline, MA 02445-6853

Phone (617) 730-2060 FAX (617) 739-7572

FY 2019 RESIDENTIAL EXEMPTION QUESTIONNAIRE

STATEMENT OF FACTS [NOT SUBJECT TO PUBLIC INSPECTION]

If you are a new owner or if you have inherited a residential exemption from the previous owner, in order to receive, or continue to receive the residential exemption, please complete this questionnaire below and return to the Assessors.

APPLICANT'S NAME

TELEPHONE (WORK) TELEPHONE (HOME)

PROPERTY LOCATION (NUMBER & STREET)

MAILING ADDRESS (NUMBER & STREET)

CITY

STATE

ZIP CODE

Will this real estate be owned and occupied by you as your principal residence on January 1, 2018? Yes____ No____

How Acquired: _____ & Date Acquired _____

List location of any other residential real estate owned by you.

Have you ever received a residential exemption in any other city or town? If so, give the address of the property and the Year (s) in which the exemption was received. _____

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal year to which this application relates?_____ If so, give the name of the city or town and the address of the property to which the exemption relates. _____

Please check the appropriate response or provide answers as requested:

1. Is the property held in a trust? ☐ YES ☐ NO

If yes, please attach a copy of the Trust Declaration AND a schedule of ALL beneficiaries.

2. When did you move into the property? _____
Month Year

3. Are you registered to vote in Brookline? ☐ YES ☐ NO

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4. Will you be listed in the Town Clerk's Census for January 1, 2018 ☐ YES ☐ NO

5. Does your driver's license have your current address? ☐ YES ☐ NO

What is your license number? _____

6. Do you own a vehicle registered at your current Brookline address? ☐ YES ☐ NO

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein: All items on this form must be completed. In addition to other sanctions provided by law, intentional misrepresentation of facts in this questionnaire may result in cancellation or denial of this exemption.

SIGNATURE: I certify under the pains and penalties of perjury, that I am either the owner of the property or the authorized representative of the owner and that all information supplied in this requisition is to the best of my knowledge true and correct.

Signed

Date

If not owner, print or type full name here

The following information **is not required at this time** but will be requested if a new application for residential exemption is submitted.

1. Copy of 2017 Federal Income Tax return page 1 showing the above address.
 2. Copy of 2017 State Income Tax return page 1 showing the above address.
 3. Copy of Massachusetts Driver's license issued to the property owner at the above address.
 4. Copy of Massachusetts motor vehicle registration showing the above address.
 5. Copies of utility bills mailed to the property owner at the above address as of December 2017 and January 2018.
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Assessors Use Only:

A) Motor vehicle excise bill(s) _____ **date registered in Brookline.**

B) Confirmatory site inspection _____ **date, by** _____.

C) Confirmatory information is required _____ **date, mailed** _____.